BID FORM

PROJECT NAME AND LOCATION:

Structural Renovations of Interior Hampton Greens Building CC	Contract Number	r: AW 2502031
The undersigned, Legal Name of Bidder:		
on this date:	ssary equipment – all includ	ing, but not limited
BASE BID (Including sales tax indicated in Instructions to Bidde	(\$)
UNIT PRICES See Specification Section 01100, 1.6 – Unit		
Unit Price No. 1 – Demo of Floor Sheathing/Joist (Including sales tax indicated in Instructions to Bidders)	(\$)
Unit Price No. 2 – Framing of Floor Joist and Mud Sill (Including sales tax indicated in Instructions to Bidders)	(\$)
Unit Price No. 3 – Framing of Wall Studs (Including sales tax indicated in Instructions to Bidders)	(\$)
Unit Price No. 4 – Sub-Floor Sheathing (Including sales tax indicated in Instructions to Bidders)	(\$)
Unit Price No. 5 – Remove/Replace SGD (Including sales tax indicated in Instructions to Bidders)	(\$)
Unit Price No. 6 – Demo & Repairs of Roofing (Including sales tax indicated in Instructions to Bidders)	(\$)
Unit Price No. 7 – Exterior Painting - Siding & Trim (Including sales tax indicated in Instructions to Bidders)	(\$)
ADDENDA Acknowledge receipt of any addenda by inser		

In submitting this bid, it is understood that the right is reserved by the Owner to reject any and all bids. The undersigned hereby agrees that this proposal shall be a valid and firm offer for a period of Sixty (60) calendar days from the date of Bid Opening.

BID FORM

Bidder agrees that Work will be substantially complete and ready for final payment in accordance with the Contract Documents on or before the date, within the number of calendar days indicated.

The undersigned Bidder hereby certifies that, within the three-year period immediately preceding the bid solicitation date for this Project, the bidder is not a "willful" violator, as defined in RCW 49.48.082, of any provision of chapters 49.46, 49.48, or 49.52 RCW, as determined by a final and binding citation and notice of assessment issued by the Department of Labor and Industries or through a civil judgment entered by a court of limited or general jurisdiction.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signature of Bidder	Print Your Name	
Submitted on	day of	2025
City	State	

BIDDER INFORMATION

BIDDER INFORMATION

Name of Bidder (Company):		
Address:			
Contact Name:			
Phone Number:	Email A	ddress:	
Business Type: General Co	ntractor () Other () (Plea	se specify):	
Bidder is a(n): ☐ Individua	l □ Partnership □ Joint Ver	nture Incorporate	d in the state of
List business names & asso	ciated UBI # used by Bidde	er during the past 5 y	years if different than above:
Bidder has been in business	s continuously from:		
		Month, Year	
Business License #:	Fede	eral ID #:	
Current UBI #:	Dept. of L&I	Worker's Comp. Ac	ect. #:
Bidder has experience in w	ork "Similar in Scope and C	omplexity" compara	able to that required for this Project:
As a prime contractor for	years. As	a subcontractor for	years.
OWNER(S) OF COMPANY (List all owners):		OWNER'S SOCIAL SECURITY NUMBER (only required if sole proprietorship):	
	ployees other than owner(s): work your company will act		
Indicate clearly the kind of	work your company will act	uany periorin in un	s project:
Approximate % of work yo	ur company will actually per	rform:	
List the supervisory person	nel to be employed by the B	idder and available	for, and intended to, work on this project:
Name	<u>Title</u>		How Long With Bidder

BIDDER INFORMATION

SUBCONTRACTORS

Do you intend to use Subcontractor(s) in this project? Yes \square No \square (If yes, you <u>must</u> show the name of the subcontractors. Attach additional pages as necessary.)

Subcontractors Name	Subcontractor's UBI#	Phone Number	Trade	Years in
				Business
1.				
2.				
3.				
4				
4.				
5.				

BIDDER'S EXPERIENCE

Projects successfully supervised and completed by your company for work of similar scope and value as specified in bid documents in the last 5 years. Attach additional pages as necessary.

	(Months)		
			Contract
Project Address		Contact Person	Phone
			Number
	Project Address	Project Address	Project Address Contact Person

Owner's Name (of project	Project Address	Contact Person	Phone
listed above)			Number
1.			
2.			
3.			
4.			
5.			

Has Bidder ever been	found guilty of violating	g any State or Federal	employment laws?	□ No □ Yes
If yes, give details &	attach additional pages a	s necessary:		

Has Bidder ever filed for protection under any provision of the federal bankruptcy laws or state insolvency laws? □ No □ Yes If yes, give details & attach additional pages as necessary:

BIDDER INFORMATION

Has any lien, claim and/or adverse legal action related to construction been rendered against Bidder in the past five years? (i.e., open claims, lawsuits, warrants, judgements including but not limited to those that would show on the L&I website)

No Yes If yes, give details & attach additional pages as necessary:

Has Bidder or any of its employees filed any claims with Washington State Worker's Compensation or other insurance company for accidents resulting in fatal injury or dismemberment in the past 5 years?

No Yes If yes, please state:

Date

Type of Injury

Agency Receiving Claim

Bidders current Experience Modification Rate (EMR):

(If Bidder is self-insured, attach proof of EMR stated, showing complete worksheet calculations)

The bidder hereby certifies that the information contained in this Bidder's Information is accurate, complete and current.

BY:

NAME:

(signature)

NAME:

(print)

TITLE:_____DATE: ____